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ABSTRACT

This study examined five case managers, three males and two females, who were providing services to chronically mentally ill persons at a community-based mental health center serving primarily black clients. Data on the case managers' demographic characteristics, education, job training, job history, job activities, and cultural background were generated from a 20-item self-administered instrument developed by a state-funded ethnic research institute. The case managers were black, with an average age of 42 years. They were highly educated and experienced; three had graduate degrees, while the other two had associate and undergraduate degrees, and one had a substance abuse counselor certificate. The case managers averaged 17 years of experience in mental health counseling, and all had in-service or continuing education training. One of the case managers was providing services to chronically mentally ill offenders, and all had been working at their present location for an average of 5.5 years. An important issue emerging from this analysis is the need for future research on the relationships between education, experience, and the delivery of culturally relevant services. (Author/TE)

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A Descriptive Analysis of Culturally Relevant Community Support Program Case Managers Serving Chronically Mentally Ill Black Clients

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ABSTRACT: This article presents a description of culturally relevant community support program case managers who provide services to chronically mentally ill (CMI) persons at a community based mental health center serving primarily black clients. Information is presented on case managers' demographic characteristics, education, job training, job history, job activities, and cultural background. Data was generated from a community support program (CSP) case manager background questionnaire, a 20-item self-administered instrument developed by a state-funded ethnic research institute. Results of the study indicate that the typical culturally relevant CSP case manager is black; 3 males and 2 females and an average of 42 years. These case managers are a highly educated and experienced group;three have graduate degrees,the other two have associate and undergraduate degrees. One has a substance abuse counselor certificate. The case managers average 17 years of experience in mental health counseling, and all have in-service or continuing education training. One of the case managers is providing services to chronically mentally ill offenders. All case managers have been working at their present location for an average of 5 1/2 years. An important issue emerging from this analysis is the need for future research on the relationships between education, experience, and the delivery of culturally relevant services.

INTRODUCTION

It is estimated that 10-15% of the 30 million blacks in the United States suffer from serious emotional disturbances, and that an estimated 300,000 suffer from severe psychiatric illnesses that have persisted over a prolonged period of time(U.S.Department of Health and Human Services,1980). Historically, these chronically mentally ill persons were cared for by their families, communities, and churches or were left to their own devices. These persons did not typically access state, county, and local hospitals which were often culturally insensitive and inappropriate in their treatment techniques. More recently, due to an increased awareness of mental illness in the black community, improved treatment techniques and concerns for special populations are emerging in hospitals and emergency rooms.

In the late 1960s, as states deinstitutionalized hospitals and other public institutions serving the mentally ill, some chronically mentally ill blacks were discharged into their communities. In response, black communities, with the assistance of state and federal governments, developed community-based and controlled mental health centers in an attempt to care for the chronically mentally ill black person in the least restrictive setting. The practice of case management emerged in these mental health centers although, at the time it was not labeled as such.

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REVIEW OF THE LITERATURE

Case management is founded on the notion that chronically mentally ill persons can be maintained and stabilized in noninstitutional community settings when provided linkages to people and programs, advocacy, assessment, and monitoring in the community(Austin,1981;Austin,1984;Blazyk,1987;Marlowe,1983;Rapp,1985) The community-based programs utilize a community psychology model with an emphasis on developing a responsive community of social systems, agencies, programs, and people. This model departs from the traditional clinical model in that the community psychology model extends out to the community with a package of preventative and intervention services designed to improve the mental health of black persons.

Although it is difficult to find uniform definitions of case management across programs, a few elements are common. These elements include advocacy, coordination, therapeutic prevention, and intervention (Berven, 1985; DeWeaver, 1983; Intagliata and Baker, 1983; Morris, 1987; Wagner, 1987). Case management with black clients includes providing access to culturally sensitive and appropriate support services, such as housing, financial, and basic needs such as food, clothing, health care, and specific personal needs. These support services would fill gaps in care and bridge cultural barriers such as language, race, political views, sexual orientation, world views, and mitigate the effects of prejudice, discrimination, religion, age, and life experiences.

Because of the critical role of the case manager in identifying cultural barriers for the client, it is worthwhile to examine the types of barriers that case managers need to be sensitive to when serving the black chronically mentally ill person. First, an awareness of black language nuances, analogies, and expressions is often essential if the case managers are to understand the meaning of what is being expressed. For example, when a black person speaks of "dropping a dime," it does not mean losing money. Also, an understanding of the importance of race for the individual is significant as a black nationalistic view or an integrationist view would influence the comfort level of the black person with nonblack people. Another factor is the relative importance of manhood, womanhood, feminism, chauvinism, homosexuality, or homophobia, to the individual. A world view that includes mind, body, and spirit integration may also be a significant aspect of one's personal value and belief system as a black person. The case manager also needs to be particularly sensitive to those who prejudice and who engage in discriminatory behaviors toward blacks. Religious or spiritual orientation (Baptist, Catholic, Pentecostal, etc.) age, and life experiences should also be considered for the black chronically mentally ill person. The case manager, then, either informs and guides the client past these barriers, or identifies through outreach, the appropriate support systems necessary for client maintenance and stability in the community.

Thus, the case manager or team is responsible for keeping in touch with the client on a regular basis regardless of the other community agencies involved. Furthermore, the case manager helps the client in applying for income from medical or other entitlement programs; accessing emergency services; locating rehabilitative services; assuring dental and other medical care; utilizing family support if available and appropriate; insuring client rights; securing transportation services; and providing mental health care.

The case manager is a mental health therapist who provides clinical services as one of a number of responsibilities. Lamb (1980) provides a description of "therapist-case manager." In all cases, the case manager provides direct services for at least 50% of time. Because ability of the case manager-therapist depends a great deal on individual background, education, training, work history, and individual differences, there is a good deal of variance in service delivery.

METHODOLOGY

The case manager questionnaire is a 20-item instrument that includes questions relative to educational background, training, work history, current work responsibilities, duties, and activities, type of clients and personal data. The purpose was to provide a profile of case managers delivering culturally relevant services to chronically mentally ill black clients in a community-based mental health center. All staff (5 people) who worked in the community support program completed the questionnaire.

FINDINGS

Personal Data

The average age of the case manager-therapist was 42 years, and 3 staff are male, 2 are female. The males were 45, 38, and 33 years old, while the females were 39 and 55 years old. All of the case managers are American-born blacks except a 33 year old black male from Cameroon, West Africa.

Education, Experience, Training, and Continuing Education

The educational level is quite high as 3 of the 5 case manager-therapists had completed graduate school and had earned M.Ed., M.S.W., and M.S. degrees. The others had earned B.A. and A.A. degrees.

Experience is an essential ingredient that prepared these individuals for their jobs as case managers. The average years of experience in social delivery was 17 years. One person had worked for 17 years at the community-based center, another for 8 years and the average was 5 1/2 to 9 years at the center. One person had worked in Vietnam as a paraprofessional mental health counselor for 3 years, another in Los Angeles as a case manager for mentally ill offenders for 8 years.

Case managers were asked about their experiences or programs that had prepared them for their jobs. The following questions were asked: What kind of experience was most helpful? Why was it helpful? What kind of training was helpful? What kind of continuing education programs were helpful? The results are presented in the section on culturally relevant services.

Job Activities of Case Managers

All of the case managers work full-time at their jobs, and all worked primarily as individuals who occasionally would "team" up for a particular client.

The average overall caseload was 28 adult clients, and 2 case managers also had responsibilities for 10 child cases included in their overall caseloads. Case managers were asked if they had to use any black language expressions as part of their jobs. Since some of the clients used a lot of slang, having case managers who understand these expressions would be preferable. The results indicated that about half of the case managers use black expressive language in performing their jobs.

The case managers were asked to designate the amount of time in each of the following nine case management job functions:

1. Direct Services 40%
2. Assessment 5%
3. Service Coordination 10%
4. Planning 5%
5. Monitoring 15%
6. Client Advocacy 10%
7. Follow-up 3%
8. Service Evaluation 2%
9. Information/Referral 10%

Culturally Relevant Services

Case managers were asked how specific experiences, training, and continuing education prepared them for their jobs. Specifically, how did culturally relevant experiences help to prepare them for working with chronically mentally ill who were diagnosed with illnesses such as schizophrenia, bipolar disorders, severe personality disorders, or combinations of psychotic disorders. The following section on therapies is a summary of experiences, specialized training,treatment modalities, and other applications that were used by the case managers in their work with black clients.

Therapies

Stories
The use of experiential stories to direct emotions and feelings and to promote bonding with the storyteller was used effectively. In this modality one can use beliefs,values,and experiences to transmit information between two individuals who share a common culture.

Music
The use of music was helpful in developing a relaxed state of mind and to promote positive thinking and the healing process. This was often used as a secondary modality where music was played in the background so that the individual could share emotions and feelings. The music was spiritual in nature and included the drum, singing, chanting, and a sense of joy. Music was also combined with prayer,candle burning, and other rituals.

Meditation
Meditation was often used in combination with music to assist clients in relaxing and sharing experiences and feelings.

Art
The expression of thoughts and emotions through the use of drawing was an effective method. This approach was used with a great deal of effectiveness with young children who are used to drawing pictures for school and home. Very often, the child would express thoughts and feeling that would be hard to express verbally.

Writing
The use of writing as a means of coping with feelings, emotions, and experiences, was very helpful to many clients. They used diaries, journals, and other writings to capture events, circumstances, and outcomes in a manner that assisted in coping with traumatic, difficult, or joyful experiences.

Drama
Role-playing in group settings or individually was used effectively to communicate feelings of frustration, anger, depression, or denial. Rituals such as burial of papers, dolls, or other symbols of negative experiences were "acted out" through the use of drama.

CONCLUSIONS

The 20-item questionnaire indicated that the 5 black case managers were an average age of 42 years. Three had graduate degrees as the group is highly educated. Master's degrees in educational psychology, psychology, and social work had been obtained. Undergraduate work had generally been in psychology and sociology. All of the case managers have extensive experience, training, and involvement in community work.

They have been working at the community-based mental health center for an average of 17 years. On the average, case managers have 28 clients, 2 have 10 children in their caseloads, and they spend about 40% of their time in direct service delivery.

The practice of culturally relevant case management for chronically mentally ill black persons in the community has been accepted by states and local communities that have significant black populations. Therefore, research on outcomes and client functioning is of prime importance. How have these clients adjusted to the community? What are the most salient background characteristics of case managers that lead to positive client outcomes? How can outcomes be improved? Additional research into the relationships among education, work experiences, personal characteristics, training, service delivery, and client outcomes is needed.

Additionally, how much time should case managers be spending in direct service delivery or in other functions? This question depends on the underlying philosophy of the agency toward case management, the available staff, the skills of staff, caseload expectations, the culture of the agency, and the available resources.

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